

Report

Rural Youth Health in Canada, Sweden and Australia

Authors: Laleah Sinclair, Michele LeBlanc, Claudia Sendanyoye, & Paul Peters

DOI: <http://dx.doi.org/10.22215/sdhlab/2019.6>

What is known?

- Small and dispersed rural communities introduce difficulties in accessing health care
- Health access is particularly difficult in more northern, rural, and remote areas

What does this study add?

- The Rural Youth Health Scoping Review Database provides an overview of the state of rural youth health research
- By identifying the state of the research, gaps in knowledge can be identified and improvements in current interventions can be implemented

JULY 06, 2020

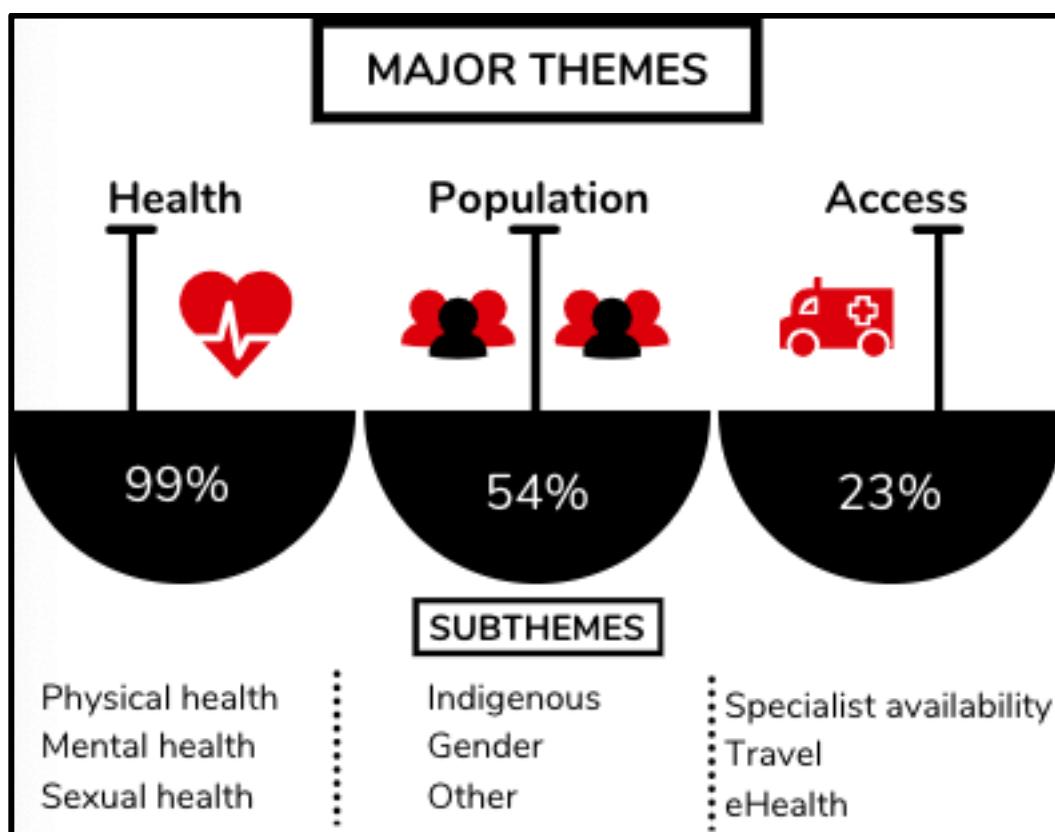


BACKGROUND

The small size coupled with remoteness of rural communities in Canada, Australia, and Sweden introduce challenges in accessing sufficient health services (1-3). The sparse health services in rural areas impose “the tyranny of distance” on rural and remote populations, necessitating lengthy travel times to receive care. Despite the increased challenges rural communities face, a dearth of research on rural health persists, particularly rural youth health (4,5).

A broad scoping review was undertaken to identify literature regarding rural youth health in Canada, Australia, and Sweden. The studies were coded according to population focus, health focus, access, and general. The scoping review produced the Rural Youth Health Scoping Review Database, which provides an overview of the available research on rural youth health.

STATE OF THE RESEARCH



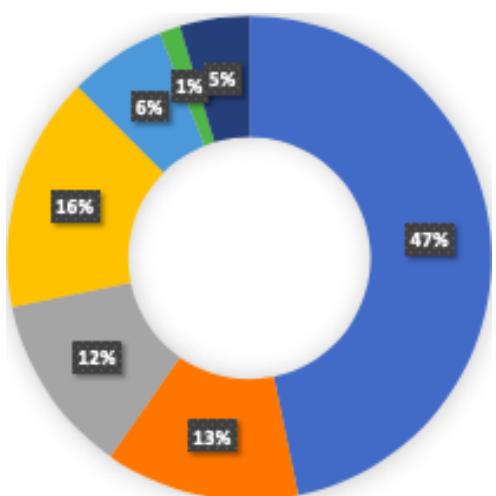
Physical health was researched most for rural youth, followed by mental health. Sexual health, substance use, and recreation were also included in studies, but were studied much less than the first two categories.

More than half of the articles included in the database focused on specific populations. Indigenous peoples and gender studies were the most prevalent categories, followed by refugees/immigrants, LGBTQ, and racism.

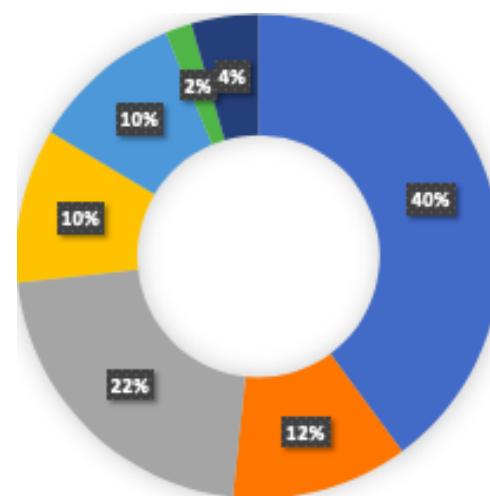
Codes related to access to care included travelling to receive healthcare, waitlists limiting access, recruitment and retainment of health care professionals, eHealth initiatives, and specialist availability. Specialist availability was the most studied category, with 71 articles mentioning specialists in the abstract. Travel and eHealth were also prevalent topics, with a smaller number of articles discussing waitlists and recruitment and retention.

INDIGENOUS HEALTH STUDIES

In the Canadian territories, health outcomes and life expectancy decrease as the percentage of Indigenous people increases (2). In Nunavut, where Indigenous people make up 85% of the population, the life expectancy at birth is 11 years lower than the Canadian average (2). The most frequently studied subpopulation of rural populations are Indigenous populations. The health foci of studies in Indigenous populations differ from the general population, as shown below.

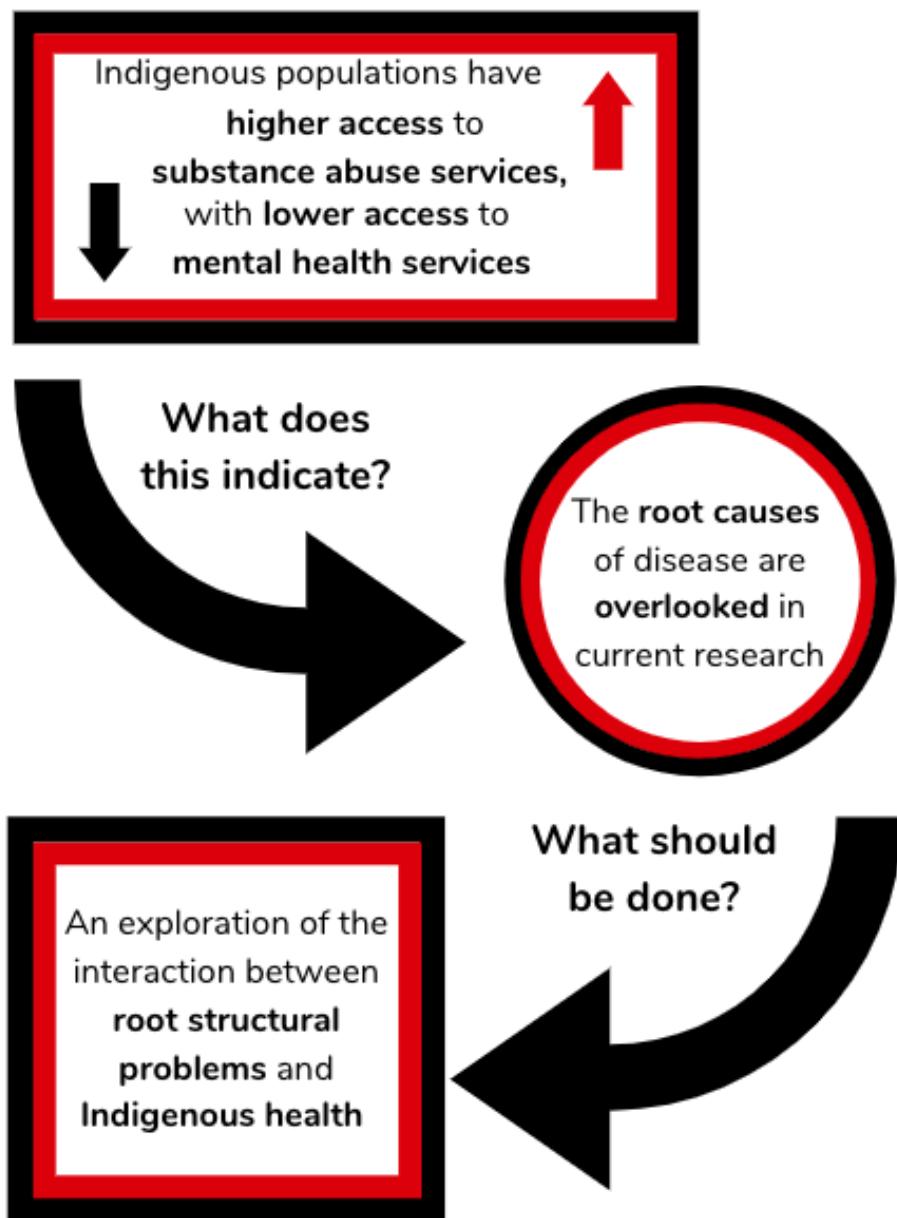


GENERAL POPULATION



INDIGENOUS POPULATION

A higher number of studies on substance abuse in Indigenous populations have been conducted compared to the general population, while the general population has an increased number of studies regarding mental health. The findings suggest that the root structural causes of health issues, such as racism and mental health, may not be sufficiently and properly studied (6,7). Additionally, although suicide is often portrayed in the Canadian media in reference to Indigenous youth and Indigenous communities, the rates of studies regarding suicide in Indigenous-specific abstracts and general abstracts are proportionally the same. In order to improve the current state of research regarding Indigenous youth health, an exploration of the interaction between root structural problems and Indigenous health should be conducted.



REFERENCES

1. Taylor, A., Carson, D. B., Ensign, P. C., Huskey, L., & Rasmussen, R. O. (Eds.). *Settlements at the edge: remote human settlements in developed nations*. Edward Elgar Publishing. c2016.
2. Young, T. K., & Chatwood, S. Health care in the North: what Canada can learn from its circumpolar neighbours. *Canadian Medical Association Journal*. 2011; 183(2): 209-214.
3. Chenier, N. M. *The federal role in rural health*. Parliamentary Research Branch. 2000.
4. Boydell, K. M., Pong, R., Volpe, T., Tilliczek, K., Wilson, E., & Lemieux, S. Family perspectives on pathways to mental health care for children and youth in rural communities. *The Journal of Rural Health*. 2006; 22(2): 182-188.
5. Jorm AF. Mental health literacy: empowering the community to take action for better mental health. *Am Psychol*. 2012 Apr;67(3):231–43.
6. Kielland, N., & Simeone, T. Current issues in mental health in Canada: the mental health of First Nations and Inuit communities. Ottawa: Library of Parliament. 2014.
7. Oosterveer, M.T., & Young, T.K. Primary health care accessibility challenges in remote indigenous communities in Canada's North. *International journal of circumpolar health*. 2015; 74(1): 29576.

ACKNOWLEDGEMENTS

This report was prepared as part of the *Free Range International Knowledge Partnership* program, funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). The report summarises the findings from the Independent Study Unit paper, *Independent Research Study in Social Work: Rural Youth Health in Three Countries (Canada, Sweden, and Australia)* by Laleah Sinclair as part the requirement for a Masters of Social Work degree, conferred in June 2019.